

00- 2-1903

Entered - 05/19/00 - sb
CL00L0303 - DIANNE C. MITCHELL

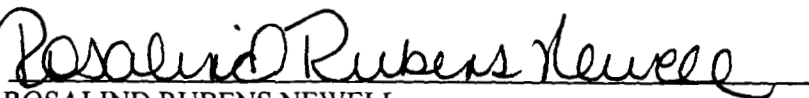
CLAIM OF: **WILLIAM C. FINCH, JR.**
2903 North Hills Circle
Atlanta, Georgia 30305

For damages alleged to have been sustained as a result of a sewer back up
on December 9, 1999 at 2903 North Hills Circle.

BY PUBLIC SAFETY AND
LEGAL ADMINISTRATION COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of
the Department of Law be approved in authorizing payment to **WILLIAM
C. FINCH, JR.** the sum of **\$1,000.00** in full settlement and satisfaction of
all claims, past, present and future, of every kind and character for damages
alleged to have been sustained as a result of a sewer back up on December
9, 1999 at 2903 North Hills Circle as is more particularly set forth in the
within claim; said sum taken from and charged to account
2J01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD
CITY ATTORNEY

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0303

Date: November 17, 2000

Claimant /Victim WILLIAM C. FINCH, JR.

BY: (Atty.) (Ins. Co.) _____

Address: 2903 North Hills Drive, Atlanta, Georgia 30305

Subrogation: _____ Claim for Property damage \$ 5,827.79 Bodily Injury \$ _____

Date of Notice: 04/25/00 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 12/09/99 Place: 2903 North Hills Drive

Department Public Works Division: Sewer Operations

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges his property was damaged due to a sewer back up. The investigation determined that the City had notice of problems with the sewer main line prior to back up into the claimant's home.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____

Pictures _____ Diagrams _____ Reports: Police _____ Dept Report X Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable _____

City not involved _____ Offer rejected _____ Compromise settlement X

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ 1,000.00 Adverse _____ Account charged: 1A01 _____ 2J01 X 2H01 _____

Claims Manager:  Concur/date 11-17-00

Committee Action: _____ Council Action _____

04-25-00P03:48 RCVD

Jordan
05/17/00
R

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 12-9-99

ENTERED - 5-19-00 - SB
00L0303 - DOBBS JORDAN

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 5827.79 property and/or \$ X bodily injury for which I contend the City is liable.

1. Date of incident: 12/9/99 2. Time of Incident: 8 AM 3. Police called: X
(month/day/year). Yes No
4. Location of incident (including street address): CALLER SEWER DEPT,
5. Name of your insurance company: AMICA Policy No. _____
6. State what and how incident occurred: SEWAGE BACKED UP IN TO HOUSE;
UPSTAIRS TUB, SHOWER AND TOILET OVERFLOWED; DOWNSTAIRS
WAS RUINED BY WATER LEAKING FROM PIPES - BATHROOM,
HALL, BEDROOM AND CLOSETS
7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).
- Your vehicle: _____
(Make) (Year) (Tag Number) (Driver's Name)
- City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)
9. Witness: _____
(Name) (Address) (Telephone Number)
10. The acknowledgement of this claim in no way waives the sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and / or its employee(s).
11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

William C. Finch, Jr.
Signature of Claimant

WILLIAM C. FINCH, JR.
(Print Claimant's Name)

2903 NORTH HILLS DRIVE
(Address)

ATLANTA, GA 30305
(City, State and Zip Code)

404.609.6287 404.262.3430
(Work Number) (Home Number)

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